

Sample INCOME ELIGIBILITY APPLICATION

CHILD CARE CENTER/HEAD START NUTRITION PROGRAM

PART 1 - Child's Name: _____ **Age:** _____ **Birth date:** _____

Child's Normal Child Care Schedule (all days that apply): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Child's Normal Hours of Care (include time and circle AM or PM): _____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM

Normal Meal Service(s) Child will be Served (all meals/snacks that apply): ☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper

PART 2A – PARTICIPANTS WHO ARE CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS:

Households Receiving SNAP (formerly known as Food Stamps) or TFA BENEFITS; or FOSTER CHILD.

Complete this part and sign the application in Part 3; DO NOT complete Part 2B.

Supplemental Nutrition Assistance Program or **SNAP** (formerly known as Food Stamps) Case Number: _____

TFA (Temporary Family Assistance) Case Number: _____ Check here if **Foster Child:** ☐

PART 2B - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3.

Names of all household members List everyone in the household, including the child listed in Part 1, above	Gross income and how often it was received (Indicate if income was received monthly, two times a month, every two weeks or weekly by placing the amount of income in the appropriate frequency box.) You MUST place the income in the appropriate frequency box.											
	Earnings from work (before deductions) – Job 1				Welfare, child support, alimony				Pensions, retirement, Social Security, Other Income or Job 2			
Names	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly	Weekly	Biweekly Every 2 weeks	2 X Month	Monthly
(Example) Jane Smith	\$200					\$150						\$300
1.												
2.												
3.												
4.												
5.												
6.												

PART 3 - SIGNATURE: An adult household member must sign and date the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TFA number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult _____ **Social Security Number** XXX – XX - ☐ ☐ ☐ ☐ last 4 digits only

Printed name of adult _____ **Date signed** _____

Home telephone _____ Work telephone _____ Home Address _____ Zip code _____

PART 4 – RACIAL AND ETHNIC IDENTITY: You are not required to complete Part 4. This section is optional.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Use of Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: Refer to the application instructions for the non-discrimination statement.

For Sponsor Use Only

Annual Income Conversion: Weekly X 52 ♦ Every 2 Weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Total family income \$ _____ Family size _____ OR SNAP/TFA household ☐ Foster Child ☐

Eligible Free: ☐ Eligible Reduced: ☐ Over Income: ☐

Sponsor Eligibility Official _____ Date _____

INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Income Eligibility Application using the instructions below. Sign the application and return it to the program. If you have any questions or need help filling out the application, contact _____ at _____.

PART 1 - CHILD INFORMATION: COMPLETE THIS PART. Print the name of the child enrolled in the program. Include age and birth date. Check the days of the week the child will normally attend the program. Insert the normal time(s) of day the child will be in attendance at the center. Check the meals the child will normally be served while attending the program. Please fill out one application for each enrolled child.

PART 2A - PARTICIPANTS WHO ARE CATEGORICALLY ELIGIBLE AS FREE FOR CACFP BENEFITS: Households Receiving SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA); or Foster Child. COMPLETE THIS PART AND SIGN THE APPLICATION IN PART 3; DO NOT COMPLETE PART 2B.

1. List the current SNAP (formerly, Food Stamps) case number or the TFA case number for the child; OR
2. Check if the child is a Foster Child who has been placed by a State or local agency.
3. An adult household member must sign the application in PART 3. A social security number is not required.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household even if they do not have income.
2. Write the amount of income (the amount before taxes or anything else is taken out) received **last** month for each household member and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
3. An adult household member must sign this income eligibility application and give his/her social security number in PART 3.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All income eligibility applications must have the signature of an adult household member;
2. The adult household member who signs the application must include **the last four digits only** of his/her social security number. If he/she does not have a social security number, write "**none**". If a SNAP or TFA number is listed, or if the child is a foster child, the last four digits of the social security number are not needed.

PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH. You are not required to answer this question. However, this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits not paid in cash (base housing, clothing, food, medical care, etc.).

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household

Net royalties/annuities/
net rental income
Any other income

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.